

No. W 57256		Due no later than Dec 31, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. DENTAL PARTNERS, PLLC SHERRIE PRUETT 203 7TH AVE S NAMPA ID 83651-3846		R KELLER KLINT 203 7TH AVE S NAMPA ID 83651			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	KLINT R KELLER	203 7TH AVE SOUTH	NAMPA	ID	USA	83651	
MEMBER	JASON B HAMMER	203 7TH AVE S	NAMPA	ID	USA	83651	
5. Organized Under the Laws of: ID W 57256		6. Annual Report must be signed.* Signature: Sherrie Pruett Name (type or print): Sherrie Pruett Date: 10/15/2012 Title: Office Manager					
Processed 10/15/2012		* Electronically provided signatures are accepted as original signatures.					